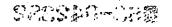
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 500 Registrar's No. 3/3/ Registration District No. 7 3 0 1963 DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY Missourt COUNTY St. Louis demission) VS 300 AMENDED .Louis Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits TOWN Riverview Gardens Yes \ \ Riverview Gardens c. FULL NAME OF (If NOT in hospital, give location) (If outside, give location) Reside on Farm HOSPITAL OR 9654 Diamond Dr. 9654 Diamond Dr. DATE Yes 🏞 No □ Yes NOCO 3. NAME OF DECEASED Middle 4. DATE (Type or print) OF DEATH MARTA ORLANDO October 13 1963 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER I YEAR IF UNDER 24 HR 6. COLOR OR RACE Never Married 5. SEX 7. Married [Hours Widowed ₩ Divorced [8/2/18**9**2 71 *Female* White10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SMO1 Italy U.S.A13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME Deceased Petrina Badalmenti Carl Conialiaro 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) | (If yes, give war or dates of servi Joseph Orlando 4226 Jennings Rd. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: OCUMEN. 10 RECORD IMMEDIATE CAUSE (a) 11 NSTEAD Conditions, if any, DUE TO (b) 12 ዓዕ_which gave rise to above cause (a), stating the under-13 DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased 중 there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Yes □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES NO 1 HOMICIDE 20a. ACCIDENT SUICIDE Month, Day, Year 20c, TIME OF Hou RIBBON INJURY a.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK | TYPEWRITER READ and last saw her alive on. 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS 22a, SIGNATUR ö AFFIDAVIT 23d. LOCATION (City, town, or county) 230. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE St. Louis Mo. Calvary Cemetery Ŏ. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR ITEM JOHN STYGAR & SON — 5541 RIVERVIEW BLVD

(Licensed Embalmer's Statement on Reverse Side)



THE STELL TO

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose r	name is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No.
working under my personal supervision.	
Student	SignedSigned
Signature of Student Embalmer	Licensed Embalmer No. 3980
·	P. O. Address Al. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.